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<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0325679.9 11/04/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/18/2004					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>Norman</i> Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
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<b>TITLE</b> Medical devices					
<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1 16 Fees ( Filing ) <input type="checkbox"/> 1 17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1 18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		